FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 21 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000005664 (7)**

1. Corporation Name

REJOICE CHRISTIAN FELLOWSHIP, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
380 SOUTH 434TH STREET STE. 1004-205 ALTAMONTE SPRINGS FL 32714	380 SOUTH 434TH STREET STE. 1004-205 ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified: 11/17/1994
3a. Date of Last Report:
4. FEI Number: 59-3283231 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 124 Robin Rd	26 124 Robin Rd
22 Suite 1800	27 Suite 1800
23 ALTAMONTE SPRINGS, FL	28 ALTAMONTE SPRINGS FL.
24 Zip 32714	29 Zip 32714
25 Country USA	30 Country USA

5. Certificate of Status Desired ☒ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LAMBERT, DOUG REV. 380 SOUTH 434TH STREET STE. 1004-205 ALTAMONTE SPRINGS FL 32714	81 Name: Doug Lambert 82 Street Address (P.O. Box Number is Not Acceptable): 913 SHADYCREST CT. 83 84 City: Apopka FL 85 Zip Code: 32703

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Doug Lambert
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	Director (D)	☒ Change ☐ Addition
NAME	LAMBERT, DOUG REV	12 NAME	LAMBERT, Doug	
STREET ADDRESS	978 VINERIDGE RUN STE. 304	13 STREET ADDRESS	913 SHADY CREST CT.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	14 CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	TRUDDELL, TOM	22 NAME		
STREET ADDRESS	2490 WHITEHALL CIRCLE	23 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	Director (D)	☒ Change ☐ Addition
NAME	~~SERVELLO, MIKE~~	32 NAME	~~Albert~~ SHEAROUSE, Rick	
STREET ADDRESS	~~8004 HERKIMER ROAD~~	33 STREET ADDRESS	124 Robin Rd. STE. 1800	
CITY-ST-ZIP	~~UTICA NY 13502~~	34 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL. 32714	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Doug Lambert 4/16/95 407-834-4799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000082